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02/09/2005

ROCHE PALO ALTO LLC
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<i>Barbara Nolan</i>	(Depositor's name)
<i>Barbara Nolan</i>	(Signature)
<i>May 3, 2005</i>	(Date)

05/04/2005 MGBREM2 00000011 181700 10634936

01 FC:1501 1400.00 DA 13001
02 FC:1504 APPLICATION 1400.00 DA
03 FC:8001 10/634,938 6.00 DA

FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/05/2003	David Michael Goldstein	R0145B-REG	3264

TITLE OF INVENTION: 6-ALKOXY-PYRIDO-PYRIMIDINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/09/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NWAONICHA, CHUKWUMA O	1621	546-122000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Grant D. Green
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Roche Palo Alto LLC

Palo Alto, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1700 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Grant D. Green*Date 5/3/05Typed or printed name Grant D. GreenRegistration No. 31,259

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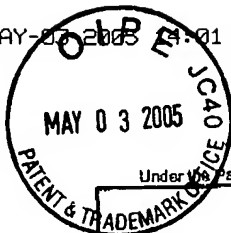
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3431 Hillview Ave., Palo Alto, CA, Fax No.: 650/ 855-5322Total Pages: **3****Certificate of Transmission**I hereby certify that this correspondence is being facsimile transmitted to the
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Barbara Nolan

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Documents Attached:Re: S/N 10/634,936, filed 08/05/2003, inventors: David Goldstein, et al.
Docket: **R0145B-REG**

1. Issue Fee Transmittal, Part B (in duplicate).

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NOLANB:129594v1